Effective October 1, 2001 100 29938													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EN	ππγ □	OR	OTHER SMALL E		
TOTAL CLAIMS			5				1	RATE	FEE		RATE	FEE	ľ
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	İ
тот	AL CHARGEAB	ILE CLAIMS	/ minus 20=		. 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			- % minus 3,=		· parties		ije:	∕ X42≅ ∜	J., 1000	OR	¥ X84≐	a grant s	and the sale
MUL	TIPLE DEPEND	DENT CLAIM P	RESENT					+140=					
L			tone then zoro cotor "O"		. "O" in o	oluma 2	dumo 2			ÓR	+280=	280.	0)
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II								TOTAL	ــــــــــــــــــــــــــــــــــــــ	OR	TOTAL	1020	.00
	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL							
A		(Column 1) CLAIMS REMAINING		HIG	mn 2) Hest Aber	PRESENT			ADDI			ADDL	الناز
		AFTER AMENDMENT		PREV	IOUSLY FOR	EXTRA) 	RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	*	Minus	** 8	57	• (b		X\$ 9=		OR	X\$18≖		
N N	Independent	* /	Minus	***	7	= D	. f.	X42=		OR	X84=		
Ā	FIRST PRESE	NTATION OF M	ULTIPLE: DE	PENDE	TKCĽAIM			Processor States	Sales September	392	+280=	A Water Con-	62 33
							:	+140=.		OR	TOTAL		
			-		٠.			ADDIT. FEE		JOR	ADDIT. FEE	8	-
 	. .	(Column 1) CLAIMS			umn 2) HEST	(Column 3)	1		LADDI	1		ADDI-	1
AMENDMENT B	19	REMAINING AFTER AMENDMENT		NU PRE\	MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE	
M	Total	*	Minus	**		-		X\$ 9=		OR	X\$18=		
NE NE	Independent	*	Minus	***		-		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		1
							٠.	TOTAL		OR	TOTAL		┫,,
				10 -1	01	(Caluma 2)		ADDIT. FEE			ADDIT. FEE	· ·	1
 _	Para de la companya d	(Column 1) CLAIMS			umn 2) SHEST	(Column 3)	۱		T ADDI	7		ADDI-	4
) -	ur grand	REMAINING AFTER			IMBER VIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	TIONAL	
		AMENDMENT			D FOR	(19.00)	, W		FEE	200	909-008	FEE	-
AMENDMENT	Total	*	Minus	**		= 126,42	7	X\$ 9=		OR			
AME.	Independent	*	Minus	***		<u> </u>	-	X42=		OR	X84=		
	FIRST PRES	ENTATION OF I	MULTIPLE DI	EPENDE	NT CLAII	M · []	J	+140=		OR			1
1.	If the entry in colo	umn 1 is less than	the entry in co	olumn 2, w	rite "O" in c	column 3.		TOTAL		4	TOTAL	1	4
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE										JOR	ADDIT. FEE	<u> </u>	4
	The "Highest Nu	mber Previously	Paid For" (Total	or Indepe	endent) is t	he highest numb	ber i	ound in the a	ppropriate b	ox in c	column 1.		

Application or Docket Number